ral director, be filed with may be retained by the haspital or attending physician. TO FUNERAL DIRECTAL After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers, Pages and 2 should be detached far use as the burial-transit permit. Then please remove carbon papers, Pages and 2 shot the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

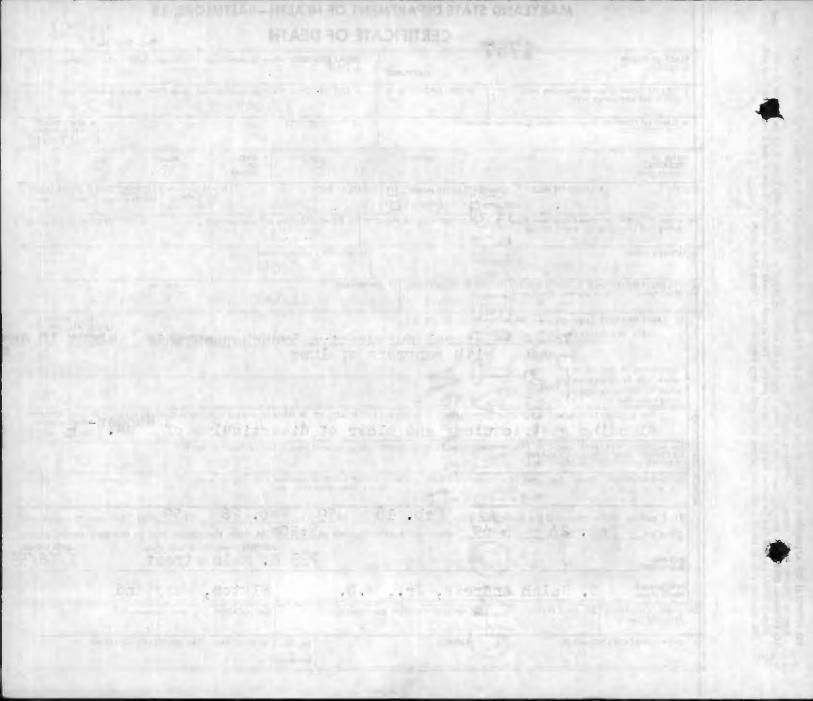
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

01761

										Keg.	DIST. NO.		
1, PU 0, 1	COUNTY	ecil		MARYLA	11 0	STATE	M d	ere deceased	lived. If ins b. COU	INITY C	cil	e admiss	ion)
	CITY OR TOWN (RURAL and give n	If outside corporate limiterest lown) ### ### ############################	ts, write	c. LENGTH OF STAY IN	1b ×	CITY OR-		kton	ote limits, wr	ite RURAL on	d give near	rest fown)
d.	NAME OF HOSPI OR INSTITUTION	Union Hospital			1	d. STREET A	D.3						FARM?
DE	ME OF CEASED pe or print)	Fir	ufus	Middle	An	thony		4, DATE OF DEATH	F	Month eb.	Doy 2		Year 19 5 9
5. SEX	ale	6. COLOR OR RACE	7. MARRIE	DIVORCED	_	or . l			P. AGE (In y	ears IF UND by) Manths	ER TYEAR Days	Hours	FR 24 HRS. Min.
10a, t	ISUAL OCCUPATION IN THE PROPERTY OF WORLD	ON (Give kind of work king life, even if retired Hand	done 10b. K	IND OF BUSINESS OR	INDUSTRY	- 7	ACE (Stole :	or loreign co	untry)	12. (CITIZEN OI	F WHAT	COUNTRY?
13. FA	THER'S NAME				14	MOTHER'S	MAIDEN N	NAME				•	
	J	oseph Ant	chony				Cec	ilia-	?				
1S. W. (Yes, no	AS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s	ervicej	nknown	Ban		nitak	er-R.	D.3 1	Address Elktor	ı, Md.		
	gave rise to it cause (a), stoling ying couse lost. PART II. OTI Bleed	the <u>under-</u> Con ter SIGNIFICANT CON) DITIONS <u>CC</u>	Icer and	ulce	RELATED TO	THE TERMIN	nal disease	CONDITION	of du	oden.	VAS PERFO	AUTOPSY RMED?
CERTIF	A. ACCIDENT WAR CONTRIBUTING FEITHER, NOTIFY	S UNDERLYING () CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	RIBE HOW INJURY OCC	URRED. (En	ter nature of	f injury in P	Port I or Part	ll of item 1B	.)			
MEDICAL	tc. TIME OF INJUR Hour a.m., p. m.	Y Month, Doy, Yes	While at work	Not white	le. PLACE C factory,	F INJURY (I street, affice	Home, farm, bldg., etc.	, 20f. (City o	or town)		(County)		(State)
A SI		s. Ralpi	12 6		M.D.	urred ot	8:20	ADDRESS (Sire	the cause et, city or to n St	own, state)	the date	e state	deceased ed above. ATE SIGNED /26/5
220. B	URIAL, CREMATIC EMOVAL (Specify)	3/2/59	F	22c NAME OF CEMETE Griffin		MATORY			on (City, to	wn, or county	Md.	(State	*}
23. FU	NERAL DIRECTOR	SSIGNATURE	2 90	ADDRESS 9 Poplar	St.,	Wilm		BY REGISTR		registrar's			

VS A15 (4) 15M 9/S5



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		MARY	LAND S	TATE DEPA	ARTN	NENT OF HEALTH	I—BAL	TIMORE, 1	18	- 1	17	69
		17	72	CERT	IFIC.	ATE OF DEATH	1		Reg. D	ist. No	~ ~	02
1.	PLACE OF DEATH	ecil		MAR	YLAND	2. USUAL RESIDENCE (Who o. STATE Mary land	ere deceased	lived, If instituti b. COUNTY		nce belo		ion)
	RURAL and give n	If outside corporate limi earest fown) orth East Mk		Lifetime		c. CITY OR TOWN (If a	orth		URAL and	give ne	prest lowr	·)
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g	ive street ad	dress)		d. STREET ADDRESS						FARM?
3.	NAME OF DECEASED (Type or print)	Fir	Hi1da		I	los! Betker	4. DATE OF DEATH	Mor 2	nth	21		Yeor 19 59
5.	female	6. COLOR OR RACE White	7. MARRIEI			8. DATE OF BIRTH 2-11-1904		9. AGE (In years last birthday) 55 yrs.	Months .	R I YEAR Doys	Hours	R 24 HRS. Min.
	during most of wor	ON (Give kind of work a king life, even if retired ISEWIFE	done 10b, KI	ND OF BUSINESS (OR INDL	Mary 1 and		ountry)	12. C		F WHAT	COUNTR
		am E.Goodno	DW.			Ethel W.		son				
		ER IN U. S. ARMED FOR (If yes, give wor or doles of s	et.vice)	one). 17.	George F.Bet	ker No	Add orth East		ry1a	nd	
		ATH [Enter only one co ATH WAS CAUSED BY: IMMEDIATE CAUSE (O DUE TO)	40	4	of Stomach	p,				ERVAL BE	
	Conditions, if a gove rise to i cause (a), stating lying cause lost.	mmediate but TO										
CERTIFICATION	PART II. OTI	HER SIGNIFICANT CON	1	1 . 1	1	NOT RELATED TO THE TERMIN	NAL DISEASI	CONDITION GIV	EN IN PA	RT 1(o) 1	PERFO	AUTOPSY RMED? NO X
	OR CONTRIBUTING	AS UNDERLYING [] G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESCR	BE HOW INJURY C	SECURRE	D. (Enter noture of injury in P	ort I or Pari	II of item 18.)				
MEDICAL	Hour o. m.	Y Month, Doy, Yes	While of work [Not while at work	20e. Pl	ACE OF INJURY (Home, form, cotory, street, office bldg., etc.	20f. (City	or town)		(County)		(State)
	21. I certify the alive on	Referenced the	12.5			11	_M, from	the causes o	and on		te state	

PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Methodist

Mary Land

22d. LOCATION (City, town, or county) Morth

Rast. Maryland

(Stole)

Burial 2-25-1959
23. FUNERAL DIRECTOR'S SIGNATURE
Supple R Frank

ADDRESS

240. REC'D BY REGISTRAR OFFEB 2 6 '59

Outhor S. Hung

VS A15 (4) 15M 9/55

PITALO BO BYADHITRED - MINE OF DEATH

CERTIFICATE OF DEATH Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Maryland b. COUNTY Harford c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) R.F.D. #2 e. IS RESIDENCE ON A FARM? YES NO P Month 59 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdoy) Manths Days Hours YES. 12. CITIZEN OF WHAT COUNTRY? U. S. Phila. INTERVAL BETWEEN ONSET AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(p) 19, WAS AUTOPSY PERFORMED? YES NOTA (County) (State) and that death occurred at A The from the causes and an the date stated above. ADDRESS (Street, city arytown, state) 22d. LOCATION (City, tawn, or county) (State) Md. 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

	177	3	CERTIFIC	ATE OF DEATH	1	Reg. Díst. N	1176	7 3
a. COUNTY	Cecil		MARYLAND	2. USUAL RESIDENCE (WE a. STATE Maryle	nere deceased lived. If institution b. COUNTY	Residence be		sian)
BURAL and give	If outside carporote liminaries lawn) Rur		c, LENGTH OF STAY IN 16		outside corporate limits, write RU	-	learest tow	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, ç	ive street	address)	d. STREET ADDRESS			e. IS RES	FARM?
3. NAME OF DECEASED (Type or print)	John	st	Middle Edmund	Crothers	4. DATE Month OF DEATH F'ebrus		-7	Year 19 5 9
male male	6. COLOR OR RACE White	7. MARE	RIED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH October 27		Months Days		Min.
Oa. USUAL OCCUPATI	ON (Give kind of work king life, even if retired	dane 10b.	Own	JSTRY 11. BIRTHPLACE (Stote Maryla:		U.S		OUNTRY
James	C. Crothe	rs		14. MOTHER'S MAIDEN N	Thompson			
15. WAS DECEASED EV	ER IN U. S. ARMED FOR (If yes, give wor or dates of s	ervice)	SOCIAL SECURITY NO.	. Charles T	. Crothers, Ri		Sun,	Md.
Canditions, if a gave rise to cause (a), stating	IMMEDIATE CAUSE (c)	Chronic Arteriose	Myocarditis Lerosis		01	ITERVAL BE NSET AND	TWEEN
VOLUME PART II. OT	HER SIGNIFICANT CON	-	CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVE	N IN PART 1(a)	PERFC	AUTOPSY ORMED?
O THE EITHER, NOTIFY	AS UNDERLYING CONTROL CAUSE OF DEATH (MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in	Part I ar Part II of item 18.)			
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Ye	While	_ Nat while _ fr	LACE OF INJURY (Hame, farm actory, street, affice bldg., etc		(Caunt	у)	(State)
21. I certify to alive an	at 1 attended the	deceas _, 19	ed fram. 1-6, and that deat	h accurred at	ADDRESS (Street, city or town, st	an the da	te stated	d abave re signer
PHYSICIAN'S NAME (Type)	R.C.Deds	on		Ris	sing Sun, Md.	n men jah and men ata ata jah and ata a		
220. BURIAL, CREMATIC REMOVAL SPECIE BUT 1.8 I 23. EUNERAL DIRECTOR	Feb. 11		22c. NAME OF CEMETERY OF ROSE Dan ADDRESS	k Cemetery	22d. LOCATION (City, town, or Rising Sun Dev registrar 24b. regist			

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the tagge 3 should be detached far use as the burial-transit permit. Then please remaye carried appears. Pages 1 and 2 should be fill the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours file death. VS A15 (4) 15M 9/5B

EVIL 1190 Legge , It is a second - Tredless Aurag Auto Med Language Marin and Sales, were properly in the first of the sales Talainger or arkony The but sudain Ula III-. Bill , mole unvelsi The Later Country and the Country Country of the Later Country of the La The second secon

01765

Reg. Dist. No.

o. COUNTY	Cecil	MARYLANI	o. STATE Maryland b. County Cecil							
b. CITY OR TOWN RURAL and give	· ·	write c. LENGTH OF STAY IN 19	1.6			URAL end	give neo	rest town	1)	
d. NAME OF HOS OR INSTITUTION	Elkton PITAL (If not in hospilol, give Union Hosp	streel address)	d. STREET ADDRESS	East (R	grar)				DENCE FARM? NO	
3. NAME OF DECEASED (Type or print)	First Pearl	Middle Elizabet	h Dean	4. DATE OF DEATH Fe	b. Mor	13	Day	r	Yeor 19 ⁵⁹	
5. SEX Female	10.00 P 1	MARRIED NEVER MARRIED		94	GE (In years ast birthday) 64 yrs.	IF UNDE Months	R 1 YEAR Doys	Hours	R 24 HRS. Min.	
during most of w	HON (Give kind of work don orking life, even if retired)	106. KIND OF BUSINESS OR IN Fireworks F		e or foreign country: Virgini		12. CI	USA		COUNTRY	
13. FATHER'S NAME	Luther R. Cutl	.ip	14 MOTHER'S MAIDEN Maggie	Ann Shue						
15. WAS DECEASED E	VER IN U. S. ARMED FORCES	-1	7. INFORMANT		Add					
No		236-26-2446	Edgar W. De	an	Nor	th Fa	sta (RULA	1)	
	EATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO	Bight cereb	Arteriosel					ET AND	DEATH	
gave rise to couse (a), stalin lying couse los	immediate pg the under ot. (c)	IONS CONTRIBUTING TO DEATH I			ONDITION GI	VEN IN PA	RT 1(a) 1	9. WAS	AUTOPSY	
PART II. C	Hypertr	phie oster.	a. Huitis					YES [NO	
OR CONTRIBUTING	WAS UNDERCYING [] 20) NG [] CAUSE OF DEATH FY MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCUP	RRED, (Enter nature of injury in	n Port I or Port II c	of item 18.)					
ZOc. TIME OF INJ	1.	20d. INJURY OCCURRED 20e. While Not while of work Of work	PLACE OF INJURY (Home, for factory, street, office bldg., e		tawn)		(Counly)		(Stale)	
21. I certify	that I attended the de	eceased fram 2 +	4 , 1957, to	13 Feb	. 19.5	Z,that I	last so	w the	deceased	
alive on	13 F.6	1957 , and that dec	oth occurred at 1.				the da			
ACTUAL SIGNATURE	Blan H.	Hulur	M.D. Neite	ADDRESS (Street	, city or lown,	store)	131	54	T-9	
PHYSICIAN'S NAME (Type)	Klaus	H. Huchuc	v A.D.		/					
220. BURIAL, CREMAT	"al Tel 13-1	959 Old Pre	Y OR CREMATORY		Burg		16	(Stat	· Va	
2) FUNERAL DIRECTO	A Crewit	north Cast m	DATE	GÓ BY REGISTRAR	24b REG	istrar's s	R. Kras	RE		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page I TO FUNERAL DIRECTOR VS A15 (4) 15M 9/55

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HTA30 TO STADIFICATE OF DEATH are advised to the second of the leading of The state of the s

FOR STATE HEALTH DEPT.

Y.

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DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certificate, writing the ward "pending" in pendil in Nem, 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be far the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for filler. If the State Board Health, and I with the State Board Health, are its lesignated agent, prior to begin a remarkly and in any event within 72 hours after death.

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NAME OF TAXABLE PARTY.	9	-0	100	
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MEDICAL	certif Le.	for	REC	
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

01766

	7 1011							Reg. D	ist. No.	
1. PLACE OF DEATH					2. USUAL RESIDENCE	(Where deced	sed lived. If instit	tution- Reside	ence befor	re admission)
	Cecil		M	LARYLAND	o. STATE Mar	vland	b. COUN	TY Ce	cil	
b. CITY OR TOWN (at	f autside corporate limits, we t	e RUFAL	c. LENGTH OF S	TAY IN 16	c. CITY OR TOWN	(If outside co	porote limits, writ	RURAL ond	d give nec	prest town)
	Elkton				× R. D.	2 E11	cton			
	AL OR INSTITUTION (is not in hosp	ntot, give street ac	drass)	STREET ADDRESS		Parm			ON A FARM? YES X NO []
NAME OF	Fir	st	Middl		Losi	4. DATE	Mon	th	Doy	Yeor
(Type or print)	Mary				Dill	OF DEATH	Februa		2.	1959
5. SEX	6 COLOR OR RACE	7. MARRIE	D 🔯 NEVER MAI	RRIED [8.	DATE OF BIRTH		9 AGE (In years fost birthday)	IF UNDER		F UNDER 24 HRS
REMALE	White	WIDOWED	hapel .			1904	54 yrs	. Months	Days 1	Haurs Min.
On USUAL OCCUPATION during most of working	ON (Give kind of working life, even if retired)	done 10b Ki	ND OF BUSINESS	OR INDUSTI	RY 31. BIRTHPLACE (5to	ote or foreign	country)	12 CITI	ZEN OF	WHAT COUNTRY?
House	wife			-	Pennsy.	lvania	3		U. S	5. A.
13. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME				
	n George					te Ho.	llabaug	n	A 45-700	
15. WAS DECEASED EV	ER IN U. S. ARMED FO		OCIAL SECURITY		(FORMANT		Addres			
No				C	larence E	· Dil:	l, Elk	ton,	Md.	R. D.
	TH [Enler only one can	ise per line fo	or (o), (b), and (c)	.]					INTERVA	AL BETWEEN AND DEATH
PART I, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o)	He	emipleg:	ia						
592 X	DUE TO									
Conditions, if o		Cr	ornic l	Nephr	itis					
gove rise to immed (o), stating the										
couse last.	(c)									
PART II. OT	HER SIGNIFICANT CON	DITIONS COI	NTRIBUTING TO D	EATH BUT N	OT RELATED TO THE TER	MINAL DISEA	SE CONDITION GI	ven in Par	, ,	WAS AUTOPSY PERFORMED?
PART II. OTH	NTRIBUTING L.1	b. DESCRIBE	HOW INJURY O	CURRED. (E	nter noture of injury in Pi	ort for Part I	of item 18.)			-
20c. TIME OF INJU	RY Manth, Day, Yes	or 20d II	JURY OCCURRED		E OF INJURY (Home, for	orm, i 20f. (Cit	y or town)	(Cou	unty)	(State)
Hour e.m.	19	While at wor	Not while		ory, street, office bidg., e	uc.)				
	not I took charge	of the re	emoins descri	bed obo	ve, held an Autop	osy , l	nspection 😾	, Inquir	y [7].	and in my
	resulted from.		_				100	ermined n	2 Later	
ACTUAL SIGNATURE	llen	100	UNO	211	CHIEF MEDICAL	EXAMINER []		- 1	DATE SIGNED
					ASSISTANT MEDI	ICAL EXAMIN	ER []			
EXAMINER'S NAME (Type) R	. C. Dods	on. I	I.D.,		DEPUTY MEDICA	L EXAMINER	x 2/	3/59		
220 BURIAL CREMATIC	N. 725 DATE THEREC		22c NAME OF CE	METERY OR	CREMATORY	22d LOCA	TION (City, fown,	or county)	-	(Stote)
Burial	2/5/59) k	Cherry 1	Hill	Cemetery	Ce	cil Cou	ntv	Mar	ryland
23 JUNERAL DIRECTOR	S SIGNATURE	1	ADDRESS		240. RE	C'D BY REGIS	TRAR 24b. REG	ISTRAR'S SIG	SNATURE	
Jachh	E Herb	FIR	ton, Ma	rylan	d DATE	EB 5	59 0	25 + 8	Thank	L

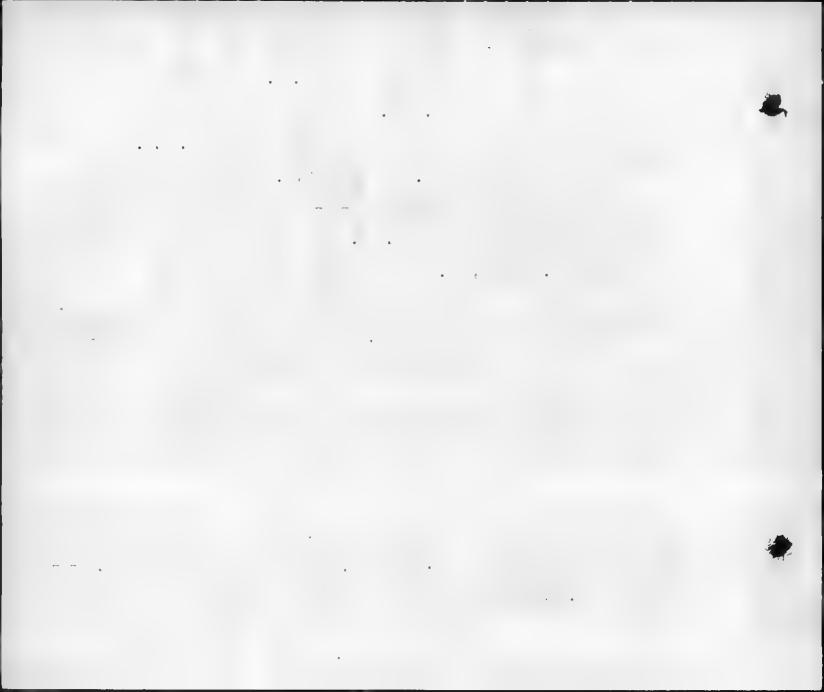


and the same			MAF	RYLAN	D STATE D	EPARTM	ENT OF HEALT	H—BAI	LTIMORE, 1	8	15 4 14	12.00
			176	7	CE	RTIFICA	ATE OF DEAT	Ή		Reg. Dist.	1 1 7 No.	07
		PLACE OF DEATH	CECI	L		MARYLAND	2. USUAL RESIDENCE (V	Where decease	ed lived. If instituti b. COUNTY	on: Residence b	before odmissio	an)
4		RURAL and give	(If autside corporate nearest town)	limils, write		STAY IN 16	c CITY OR TOWN (II	f autside corp	**	URAL and give	negrest town)	
1		OR INSTITUTION	PITAL (If not in hospil	lal, give stre		TAL	d STREET ADDRESS	HO.	SPITAL		e. IS RESII ON A YES	DENCE FARM? NO 17
		NAME OF DECEASED Type or print)	5	First	Br.	Middle 2	divarely.	4. DATE OF DEATH	Mor Noe			ear 957
	5. 1	ex lytole	6. COLOR OR R		ARRIED NEVER	MARRIED (28)	8. DATE OF BIRTH Pel-10,19	959	9. AGE (In years last birthday) yrs.	Months Do		R 24 HRS Min.
	10a	during most of w	TION (Give kind of working life, even if re	rork done 10 lired)	b. KIND OF BUSIN	IESS OR INDU	STRY 11. BIRTHPLACE (Sto	te or foreign		12. CITIZE	N OF WHAT	COUNTRY
	13.	FATHER'S NAME	ARD L	_ ,	EDWA	ND5	MVRTLE	I NAME	UNE	CAS	7666	
_/	15. {Yes	WAS DECEASED E	VER IN U. S. ARMED		6. SOCIAL SECURI		NFORMÁNT LLARD L	ED	WARDS	EL.	KTEN	Md
		PART I. D	EATH [Enter only or EATH WAS CAUSED IMMEDIATE CAU	8Y	line for (a). (b), or	nd (c).]	funt				INTERVAL BET	WEEN DEATH
		776 X Conditions, if	DU	E 10								
		gove rise to couse (o), statin lying couse las	g the <u>under-</u> DU	E TO (c)								
n	CERTIFICATION	PART II. C	THER SIGNIFICANT	CONDITION	S CONTRIBUTING	TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEA	SE CONDITION GIV	EN IN PART I	PERFOR	UTOPSY IMED?
		20a ACCIDENT V OR CONTRIBUTION (IF EITHER, NOTIL	WAS UNDERLYING DE IG CAUSE OF DE IFY MEDICAL EXAMIN	20b. D	ESCRIBE HOW INJ	URY OCCURRE	D. (Enter noture of intury i	n Port I or Po	rt II of item 18)			
	MEDICAL	20c. TIME OF INJI Haur o. m p. m		Whi	. INJURY OCCURRI ile NoI while fork ol work	fo	ACE OF INJURY (Home, foctory, street, office bldg., a		y or town)	(Cour	nly)	(Stote)
		21. I certify	that I attended	the dece	Sec.	that death	O , 19 \$ 4 ta	Tel-	/ () , 19 (]			
		ACTUAL	a Edend	2 K	Daco ho	. 1	un Slk	ADDRESS (Street, city or tayin,	stole)	2 /11/	TE SIGNED
1		PHYSICIAN'S NAME (Type)	TILFOR	o H	SPR	ECHE	R					/
- 4	220	BURIAL, CREMAT		EREOF	22c. NAME O	F CEMETERY C	P CREMATORY	22d LOCA	ATION (City, town,	or county)	(Stole	Mel
	23. P _/ ,	FUNERAL DIRECTO	DR'S SIGNATURE	ME	ADDRESS ADDRESS	Du E	Md. DATEF	C'D BY REGIS	-0	STRAR'S SIGNA		
			, ,									



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





YS A15 (4) 15M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1776 CERTIFICATE OF DEATH

01770

J. 4	40	GERTI		IL OI DEAII			Reg. Dist.	No.	
1. PLACE OF DEATH o. COUNTY Cecil		MARY	LAND	2. USUAL RESIDENCE (Who. STATE Md.	ere deceased	lived. If institution b. COUNTY		before od	mission)
b. CITY OR TOWN (If outside corporat RURAL and give nearest toyo)eci	e limits, write 1ton	c. LENGTH OF STAY	IN 16	c CITY OR TOWN (IF o	utsida corpor	ate limits, write RL	JRAL and giv	re neorest t	own)
d. NAME OF HOSPITAL (If not an hospi OR INSTITUTION	ital, give street	address)		d STREET ADDRESS				01	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print) ROBERT	First	Middle	GA	RKISON	4. DATE OF DEATH	Feb.	ħ	Day 6	Yeor 19 59
5. SEX 6. COLOR OR R	ACE 7. MARR	IED 🔲 NEVER MARRIE	D [X] B	DATE OF BIRTH		9. AGE (In years			NDER 24 HRS.
Male Colored		- Company		August, 14,		49 birthday)	Months D	ays Hat	rs Min,
100 USUAL OCCUPATION (Give kind of a during most of working life, even if a Building Construct	work done 10b.	KIND OF BUSINESS OF	R INDUST	RY 11 BIRTHPLACE (Stole Cecilton, 1	or foreign co	unity)	12. CITIZ		AT COUNTRY
13. FATHER'S NAME				14. MOTHER'S MAIDEN N	IAME				
Charles Garriso				Bessie The	nosqmo				
15. WAS DECEASED EVER IN U. S. ARMED		SOCIAL SECURITY NO.		FORMANT		· Addr			
		22-07-0816	Be	essie Garriso	n,	Cecilto	n, Mo	1.	
IB. CAUSE OF DEATH [Enler only of PART I. DEATH WAS CAUSED IMMEDIATE CAU	BY: 7	ne for (o), (b), and (c).]	/	obstruct	dn			INTERVAL ONSET A	BETWEEN NO DEATH
Conditions, if any, which)	JE TO (b)	arcinon	na e	of Panci	ras			8 4	MOS.
PART II. OTHER SIGNIFICANT							EN IN PART 1	PEI	AS AUTOPSY RFORMED?
	EATH NER)	CRIBE HOW INJURY OF	CURRED.	(Enter nature of injury in f	art I or Port	II of item 18.)			
20c. TIME OF INJURY Month, Day, Hour o. ft. p. m.	Year 20d. It While at wor	Not while	20e. PLA(facto	CE OF INJURY (Home, form, ory, street, office bidg., etc.	20f. (City	or town)	{Cod	unly)	(State)
21. I certify that I attended alive on	the deceas	15		occurred at 7 %	26 6 M, from	the causes a	nd on the		ne decease ated above
ACTUAL Walline	Ohe	mhain	м	o. Cecil	LOORESS (Si	eel, city or town, s	(tate)	101	DATE SIGNE
PHYSICIAN'S Wallace O	benshai	n,		Cecilto	on, Md	9			
20. BURIAL CREMATION, 22b. DATE THE REMOVAL (Specify) Feb. 11		22c. NAME OF CEME Cecilton		CREMATORY Cemetery	22d LOCAT	ON (City, town, or	r County)	MC	iate)
23. FUNERAL DIRECTOR'S SIGNATURE	loux.	Milling	for	240. REC'T	3 '59		TRAR'S SIGN		





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10	***	10	_
TO MESTAL OF ATTINDINE MYTICEN: The law requires that the demit carlificate be executed within 24 hours after death: Page 4	SM	A15	page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 sha be filed with

		17	62	CERTIFI	CATE OF I	DEATH	1		Reg. D	ist. No		662
1.	PLACE OF DEATH	ecil		MARYLA	a STATE	nence (who	ere deceose	d lived. If instituti b. COUNTY	oni Reside		re admiss	ion)
Г	b. CITY OR TOWN (III RURAL and give ne	outside corporate lin prest town)	nits, write	C LENGTH OF STAY IN			utside carpo	rote limits, write R			arest town)
-	d NAME OF HOSPITA	AL (If not in hospitol, 1 Hospital	give street	Life	d. STREET / 324		h Str	200t				FARM?
3.	NAME OF DECEASED		irst	Middle	le		4. DATE	Men	th	Do		Year
	(Type or print)	Flore		I.	Havter		DEATH	Februa	ry	. 9	1	19 59
5.	SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8 DATE OF BIRT	TH		9. AGE (In years lost birthday)	Months			R 24 HRS.
	Femal e	White	WIDOWI	-	- LOUILO V			76 yrs.	Michiga	Days	Hours	Min,
10	o. USUAL OCCUPATION during most of work HOUS OW 11	N (Give kind of working life, even if retire	done 10b.	KIND OF BUSINESS OR I		uce (sione o rylat	-	ountry)		T_S		COUNTR
13	FATHER'S NAME				14 MOTHER'S					<u> </u>	H	
	Geor	ge H. Ma	axwel	1	Lau	ra Fo	owler					
15	WAS DECEASED EVER	IN U. S. ARMED FO	RCES? 16.	SOCIAL SECURITY NO.	17 INFORMANT		<u> </u>	Add	ess			
1	r v O	r yes, give wor or deres of			Mrs. Har	ry Bi	iddle	. Elkt	onm	1.1d .		
	18. CAUSE OF DEA	TH [Enter only one o	couse per lis	ne far (a), (b), and (c).]							ERVAL BE	
	PART 1 DEAT	TH WAS CAUSED BY	o Ca	rdio Vascu	lar fail	ure				15	SET AND	DEATH
	4.421	DUE T									-	
	Conditions, if an	y, which)	е се	rebral & g	rastroint	estir	hal h	emorrha	те	1	1/2	mos
	gove rise to in cause (o), sloting t lying cause last	nmediate (Dur v	0	pertensive	cardio	vasci	ılar	disease		V	rears	S
Ι×	PART II. OTH	ER SIGNIFICANT CO	(*/-	ONTRIBUTING TO DEATH							9. WAS A	AUTOPSY
Ĭ	ρ			rterio scl							PERFO	RMED?
CERTIFICATION	200 ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	CAUSE OF DEATH	41	CRIBE HOW INJURY OCC	URRED. (Enter nature o	of injury in P	art t or Por	1 11 of item 18.)			6	
MEDICAL	20c TIME OF INJURY Hour a.m. p. m.	Month, Doy, Y	ear 20d. It While of work	Nat while	e. PLACE OF INJURY of factory, street, office	(Home, form, e bldg., etc.)	20f. (City	or town)	1	(County)		(State)
	21. I certify the	at 1 attended th	e decens	ed from 12 - 1	29 19.5	7 to 1	2 - 9	1955	that 1	Inst er	w the	decess
	alive on	-9//	79		eath accurred at	4.49	e,M, fran		nd an		te state	
	ACTUAL SIGNATURE	Krus	16.C	usa	M D			Avenue,		eb.	10,	1953
	107707		uza			orth	Rast	. I'd.	en tra un me			'/
22	BURIAL, CREMATION REMOVAL (Specify)	· E		22c. NAME OF CEMETER	RY OR CREMATORY		22d LOCAT	TION (City, town, o	or county)		(State	0)
	Sur 181		2/59	Elkton C	emeterv		E	lkton.	Md.			
23	EURTERAL DIRECTOR'S	SIGNATURE	1 .)	Elkton.	Md.		P 0 159		TRAR'S S			
	WINNE C	1 14111	1		-	DATECUS	60 03		pre d	Part of		

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shout the majistrar prior ta burial, cremotian, me remaval. Then please remave carban papers.

VS A15 (4) 15M 9/SB

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

		177	9	CERTIFI	CAT	E OF DEA	ATH				Reg. D	ist. No	17	14
1	PLACE OF DEATH a. COUNTY	Cecil		MARYLA	- 11	USUAL RESIDENCE				f institutio COUNTY		nce befo	re admii	isian)
		If autide carporate lime IIIe, Rure		c. LENGTH OF STAY IN Life	1ь 🔀	c CITY OR TOWN				, write RI	JRAL and	give nec	orest tow	in)
	d NAME OF HOSPE OR INSTITUTION	TAL (If not in hospital, in Richmo	100	address)	1	d. STREET ADDRE		nond	Н	i l l			ON:	SIDENCE A FARM?
3.	NAME OF DECEASED (Type or print)	William		Arthur F	lorn	barger		4. DATE OF DEATH		Mont 2	th	Do 2	у	Year 19.59
S	Male Male	6. COLOR OR RACE White	7. MARI	RIED XNEVER MARRIED ED DIVORCED	_	12-7- 1	.912	3	9 AGE (lost bi 46	In years rthday) yrs.	IF UNDE Manths	R 1 YEAR Days	IF UND Haves	ER 24 HR
10	during mps aff	ON (Give kind of work king life even if retired	done 10b.	KIND OF BUSINESS OR II	NDUSTRY	11. BIRTHPLACE		ir fareign c	ountry)		12 CI	TIZEN OF		COUNTRY
	FATHER'S NAME Arthur	W. Horn		*		4. MOTHER'S MAII Nell RMANT		Bine	s.	BI Addr				
0	(at no MQ Jone)	(If yes, give war or dates of		17-07-557		Thelma	Но	rnbe	rge:			vil]	le ,k	Id.
		ATH WAS CAUSED BY: IMMEDIATE CAUSE (c DUE TO		provel	1-2	Rt.	d	cer	u c	nco				AONT!
CATION	PART II. OTI	HER SIGNIFICANT CON	IDITIONS C	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE	TERMIN	IAL D SEAS	E CONDI	TION GIV	EN N PA	RT 1(a) 1	PERF	AUTOPS' ORMED?
CERTIF	I OR CONTRIBUTING	AS UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED (E	inter nature of inju	icy in Po	art I or Par	t li of iter	n 18)				
MEDICAL	20c. TIME OF INJUI Hour o. m. p. m.	RY Manth, Day, Ye	ar 20d, II While at war	Not white	e. PLACE factory	OF INJURY (Hame , street, affice bldg	g, farm,	20f. (City	ar tawn)		ų.	(Caunty)		(Stat
	actual SIGNATURE	Lance Clarence	19_	ed from And 16 16 16 16 16 16 16 16 16 16 16 16 16	eath ac	19.5 6, to	50	M, fram DORESS (S		ises din	d an th			decease d above TE SIGNE
77	BURIAL, CREMATIC	200 DATE THEREO		22c. NAME OF CEMETER				22d. LOCA	TION (Cit				(Sto	,
23 /	ECINERAL DIRECTOR	es signature	cts	ADDRESS MAY Perryv		240.	REC'D	BY REGIST		4b REGIS		IGNATU		<u>4.</u>



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DEPUTY MEDICAL EXAMINER: This certificate shamed be executed within 24 hours after death. If any delay is necessary please execute the certificate, writing the word "pending" in pending. The Region of Single Royal 1, 2, and 3 to the funeral director. Page 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for it stands by EUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 pages 4.

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VS.	A15ME	
5 h	A 2/57	

1 It	em 20 Fi	1m 239	ND ST	-2		NT OF HEALT			18 017	775
		TOPO ME	DICAL	EXAMIN	IER'S	CERTIFICA	TE OF D	EATH	Rea. Dist. No.	96
f 1.	PLACE OF DEATH	Cecil		MAI	YLAND	2. USUAL RESIDENCE (V		ived. If instituti	ion: Residence befo	An order of the second
	b. CITY OR TOWN I	If outside corporate firmits, write if	URAL	c. LENGTH OF STA		c. CITY OR TOWN (II	land	te limits, write f	RURAL and give ne	orest town)
1		ry Point		yrs.6mo.	بالتنكك	2011	imore		- 1 m	
		TAL OR INSTITUTION (IF			P15)	d. STREET ADDRESS				ON A FARM
	Veterans NAME OF	Administrat	ion F	1			Lincoln	Avenu	ė i	YES NO
-	DECEASED (Type or print)	First JOHN		Middle W •		JAMES JR	4. DATE OF DEATH	Febru	ary 19	Yeor 19 5 9
5. 1	Male	6. COLOR OR RACE 7	- MARRIED	NEVER MARRI	ED 🚂 8		9.	AGE (In years out bethday)	FUNDER TYEAR	a made the same
10a	. USUAL OCCUPAT	ION (Give kind of work do				/ / _	or foreign count	Z Aug	12 CITIZEN OF	WHAT COUNTRY?
	Suring most of wark	ing life, even if retired) Never	Work			Maryland		•//	USA	
13,	FATHER'S NAME					14. MOTHER'S MAIDEN I	NAME			
25	WAS BEEF AFER F	John W. Jam				Mercedes F	erguson			_
	r vo' et najmonu)	If yes, give was as doles of ser		OCIAL SECURITY NO		FORMANT		Address		
-	Yes	Korean		Unknown	_l_Ho	s <u>pi</u> tal Reco	rds, VA	HaPerry		
		ATH [Enter only one couse ATH WAS CAUSED BY:	-						OFISET	AL BETWEFN AND DEATH
	932.8	IMMEDIATE CAUSE (a)	Expo	sure						V-40
	Conditions, if									
	gove rise to imme (a), stating the		-							
7	couse fast.) (c)	LIONE CON	ITAIN TING TO DE L	VIII BY LY A LA	TOP IFF TO THE PER				Michigan said to an own
CATION	PART II, OT	HER SIGNIFICANT CONDI	TIONS CON	INIBCTING TO DEA	IH ROLING	OI KETALED TO THE TEXM	INAL DISEASE CC	INDITION GIVE		WAS AUTOPSY PERFORMED?
CERTIFI	20g, EXTERNAL CAPRIMARY OF CC	USE WAS DITRIBUTING 1	DESCRIBE H	now injury occur und lying	PRED. (En	ter nature of injury in For the woods	near th	e fgnce	of VA	
3	20c. TIME OF INJU		20d IN.	JURY OCCURRED	20e PLAC	E OF INJURY (Home, form	. 20f. (City or I	lown)	(County)	(Stote)
7 3	Hour o.m.	- 19	While of work	Not white	factor	y, street, office bldg., etc.)		Cecil	Md.
1	21. I certify t	hot I took charge a	of the re	mains describe	d abov	e, held on Autops	y X, Insp	ection [77].	Inquiry 😿	and in my
		resulted from: No		uses 📆 , Acc	_		Homicide [mined monner	
2	ACTUAL SIGNATURE	`_	ODSON	- /		M D. CHIEF MEDICAL EX				DATE SIGNED
	EXAMINER'S NAME (Type)	1 leus	200	(11921	-	ASSISTANT MEDICAL	740		2	-20-59
220	REMOVAD (Specify	ON 776 DATE THEREOF	72	2c. NAME OF CEME	TERY OR C			City, town, or		(Stote)
28.	FUNERAL DIRECTO	R'S SIGNATURE	-	DDRESS		24o. REC"	D BY REGISTRAR		RAR'S SIGNATURE	
	PENTAN T	FLAN & Son	Havr	e de Gra	ce. N				hun S. Krans	
1		5011		0 40 02 6	, .	1 27.44		1	1 D. IVIAMO	

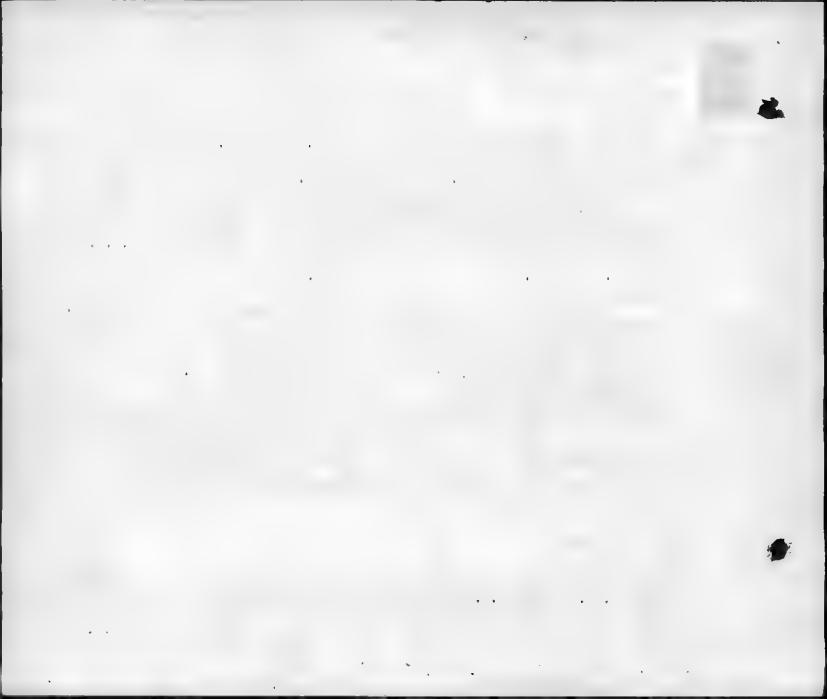


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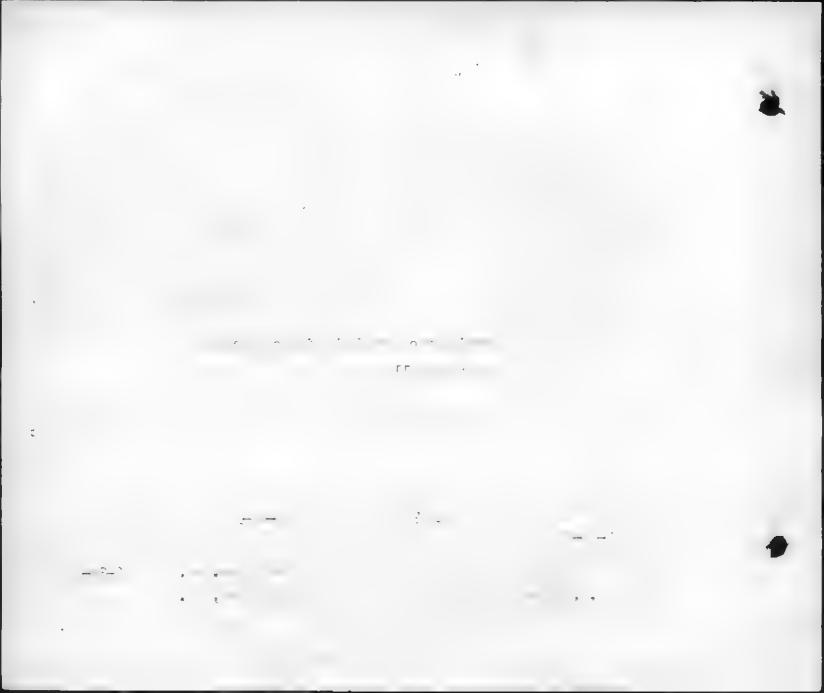
	MARYLAND	STATE DEPARTM	LENT OF HEALTH	H-BALTIM	ORE, 1	8 11	278	
	1781	CERTIFIC	ATE OF DEATH	4		Reg. Dist. N	lo. 96	
PLACE OF DEATH COUNTY Cecil		MARYLAND	2. USUAL RESIDENCE (WI	nere deceased lived	f If institution b. COUNTY	n- Residence be	fore admi	51:0n)
	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If	outside corporate la	mits, write RL	IRAL ond give r	nearest tow	rn) /
Perry Po:	int	3 days	Washington		41.7:	,		· ·
d. NAME OF HOSP OR INSTITUTION	TAL (If not in haspital, give street	address)	d STREET ADDRESS				e IS RE	SIDENCE A FARM?
Veterans	Administration	n Hospital	1125-5th B	t N.W.	,			NO 20
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Mont	h I	Day	Year
(Type or print)	ISAAC	(NMI)	JOHNSON	DEATH	Feb.		7	1959
SEX	6. COLOR OR RACE 7. MARR	NEVER MARRIED	B. DATE OF BIRTH	9. AC	GE (In years it birthday)	Months Days		
Male	Negro WIDOWE		Jan. 5, 188	6 7	73 yn I	Manths Days	Hours	Min,
during most of wor	ON (Give kind of work done 10b, king life, even if retired)	KIND OF BUSINESS OR INDU	ISTRY 11 BIRTHPLACE (State	or foreign country)	12 CITIZEN	OF WHA	T COUNTRY
Custodia	n. Retired I	<u>Inknown</u>	Fauguier	Co., Viz	rginia	U.S.	.A.	
3. FATHER'S NAME Edmund Jo	hnoon		Molly Min					
				OF.				
S. WAS DECEASED EVI	R IN U. S. ARMED FORCES? 16. (If yes, give wor or dates of service)	SOCIAL SECURITY NO 17.	INFORMANT		Addre	113		
Yes		579-42-4561 H	ospital Reco	rds, VAI	I, Per	ry Poir	nt, M	Id.
	ATH [Enter only one couse per lin					101	TERVAL B	ETWEEN
PART I. DEA	TH WAS CAUSED BY: Enc	ephalomalaci to arterios	a, of fronte-	parietal	area	right	Unk.	DEATH
	DOE 10							
Canditions, if a	ny, which) (b) Cer	rebral thromb	osis due to	arterios	clero	sis	Unk.	
gove rise to i		pasizar are	T. 3					
lying couse lost.	(c)							
	HER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVE	N IN PART 1(o)	PERFO	AUTOPSY DRMED?
PART II, OTI	AS UNDERLYING 1 20b. DESC CAUSE OF DEATH MEDICAL EXAMINER;	TRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in I	Part I or Port II of	item 18.)			
20c. TIME OF INJUI	Y Month, Day, Year 20d. IN	JURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	20f (City or to	wnl	(Count)	d	(State)
20c. TIME OF INJUI Hour o. m.	While of work	Not while fa	ctory, street, office bldg., etc.)		(coon)	,	(orote)
			// 10EO . To	b 7	FO			
21. I certify if	nat Xattended the decease	ed from repruary	T, 1927, 10 FE	M.	, 19.22	SHOK-ICHESES	BOWNER	-deteaset
ALVENA LA A.	KXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	MANA, and that death		ADDRESS (Street, c				
ACTUAL	TOT	Un						ATE SIGNED
SIGNATURE	1 - 1 6	els_,	M.D V. A. HOSD	Ital, Fe	erry r	oint, I	10. 2	-1-23
PHYSICIAN'S NAME (Type)	S. ELLS, M.D.		Acting Dire	ctor, Pr	rofess	ional S	Servi	ces
20 BURIAL, CREMATIC REMOVAL (Specify)	N, 226. DATE THEREOF	22c NAME OF CEMETERY O	R CREMATORY	22d LOCATION (City, town, or	county)	(Sto	te)
Removal	12/4/04		tional Cem.	Ft. Mye	ers, V	irginia	a.	
3. FUNERAL DIRECTOR	. // / 1	ADDRESS		BY REGISTRAR	7	RAR'S SIGNATI		
PENNINCTO	LA GONS (WEVE	e de Grace,	Md. DATE F	EB 1 7 '59	(.	n'un & fo	AME	
	0							

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH STATE Rea, Dist. No HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased I ved. If institution Residence before admission) a. COUNTY Cecil b COUNTY New Castle o. STATE Delaware MARYLAND b. CITY OR TOWN (II existed corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) 4 days Perry Point Wilmington funeral dire d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS S RETIDEN 'E Veterans Administration Hospital 727 N. Dupont St. YES I NO PA 3. NAME OF Middle 4. DATE Last Year DECEASED (Type or print) DEATH Ernest Jones Tr. February 22 19 59 6 COLOR OR RACE 7. MARRIED T NEVER MARRIED T 8 DATE OF BIRTH 5 SEX 9. AGE III years FUNDER TYPAR IF UNDER 24 HRS. Months Days Hours Min. Male WIDOWED I Negro DIVORCEDIX 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Machinist Not Ascertainable Delaware U.S.A. Give Pages 1 h form PM3. File pages 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest L. Jones Sr. Eva M. Laurev 35. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address III year down was no dates of service." pencil in Item, 18. C Yes 221 14 5386 Hospital Records, VAH. Perry Point, Md. permit. 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),] INTERVAL BETWEEN CINSTE AND DEAT & Pulmonary edema and congestion, bilateral, severe PART I DEATH WAS CAUSED BY: 4 to 5 IMMEDIATE CAUSE (a) DUE TO Chronic Brain Syndrome associated with brain trauma Conditions, if any, which gove rise to immediate come PUETO left side Unknown (a), stating the underlying Grand Mal (Clinical couse lost. Unknown PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CATION PERFORMED? YES A NO 200. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 120f. (City or town) (County) (Store) factory, street, affice bldg, etc. Hour Not while al work at wark 21. I certify that I took charge of the remains described above, held an Autapsy [7], Inspection [7], Inquiry [7] apinian death_cesulted fram: Natural causes 🔀, Accident 🗍, Suicide 🧻, Hamicide 🗍, Undetermined manner Certif Forw DIREC ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** C. DODSON, M.D. NAME (Type) DEPUTY MEDICAL EXAMINER 720. BURIAL CREMATION | 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, tawn, or county) (Stote) REMOVAL (Specify) Beverly, N.J. 2-22-59 Reverly National Cemetery 90 ${ t Removal}$ 23 ELINERAL DIRECTOR'S SIGNATURE **ADDRESS** 240. REC'D BY REGISTRAR 24b. REGISTRAR S SIGNATURE VS A15ME "huy & Kraus Havre DeGrace, Md. EM 2/57 DATE



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No. H DEPT), PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY b. COUNBURLINGton MARYLAND b. CITY OR TOWN IIf petade corporate Limits, write RURAL c LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) and a ve nearest lown? 24 hurs Burlington Elkton d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d STREET ADDRESS For 624 Washington Avea Union Hospital faired ō NAME OF Middle DECEASED (Type or print) DEATH Joseph 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED | 8 DATE OF BIRTH TITLE 5. SEX 9 AGE (In years IFUNDER TYEAR IF UNDER 24 HRS 2 with 9 Months Doys WIDOWED [DIVORCED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Hair cutting Barber 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Napoli in Item 18. Give P 15. WAS DECEASED EVER S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 INFORMANT Address Washington Ave Mary Manzi. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) Burlington Walls PART I. DEATH WAS CAUSED BY Torn Bowel with shock IMMEDIATE CAUSE (0) **burial-transit** Office DUE TO Conditions, if ony, which gove rise to immediate couse pending in pical Exominer: DUE TO (a), stating the underlying couse last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119, WAS AUTOPSY edical 200. EXTERNAL CAUSE WAS 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) PRIMAR TO OF CONTRIBUTING car under a truck 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month, Doy, Year (County) factory, street, office bidg , etc.) While Not while Elkton Cecil 21. I certify that I took charge of the remains described above, held on Autopsy . Inspection . Inquiry opinion death-resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner forv ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** NAME (Type) *Dodson DEPUTY MEDICAL EXAMINER 22c. NAME OF CEMETERY OR CREMATORY 29- BURIAL CREMATION. 22d LOCATION (City, town, or county) PEMOYAL (Specify) CEMERA AURE 0 **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME

IS RESIDENCE ON A FAPM?

YES NO

Hours

PERFORMED?

DATE SIGNED

(Stote)

NO TO

(State)

Md.

5M 2/57



I director, filed with

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		1	784	CERTIFI	CATE OF L	DEATH	l	Reg. [Dist. No.	1700
	1. PLACE OF DEATH	1		MARYLAN	o STATE	pence (who	re deceased lived b	If Institution: Reside	ence before ad	missian)
	RURAL and giv	N (If autside carpora e nearest tawn)		c. LENGTH OF STAY IN	lb c. CITY OR	TOWN (If au	tside corporate lim	nits, write RURAL and		rawn)
		VILLE, R	ural	1	d. STREET	·	e, Rura	L _a L	a Is	RESIDENCE
0	OR INSTITUTE	Aik		vuui 6337		ikin			0	N A FARM?
	3. NAME OF DECEASED (Type or print)	Jam	First (e S	Middle Howard	мсGui		4. DATE OF DEATH	Month Feb.	17.	Year 1959
	5. SEX	6. COLOR OR	RACE 7. MARE	RIED NEVER MARRIED	8. DATE OF BIRT	Н	9. AGE	(In years IF UNDS birthday) Months		NDER 24 HRS
	Male	white	WIDOWI	ED DIVORCED	March	18, 1	883 7 5	yrs.	Days Hat	prs min
	Stone M	ATION (Give kind of working life, even if a ASON	work dane 10b.	kind of Business or if enna. Rail	ž.	ACE (State o	4	_	TIZEN OF WHA	AT COUNTRY?
	13. FATHER'S NAME	~ .			14. MOTHER'S	MAIDEN N	AME			
	James M	cGuire			Emma	bte	wart			
	15 WAS DECEASED (Yes, no. or unknown) NO	EVER IN U. S. ARMEI	ates of service)	17-07-5276	James 1	H. Me	Guire	Perry	rille,	md.
)	Conditions, gave rise to cause (a), stall lying couse let all lyin	DEATH WAS CAUSEI IMMEDIATE CAI IMMEDIATE CAI of only, which of immediate ing the under. OTHER SIGNIFICANT WAS UNDERLYING ING ID CAUSE OF D OTHER MEDICAL EXAMI BUILTY MONTH, Doym. That I attended	D BY: USE (o) USE (o) USE TO (b) USE TO (c) T COND. TIONS CO EATH NER! 19 While 19 d the deceas	k at wark at wark ed fram	JRRED. {Enter noture of the control	Hame, farm, e bldg., etc.)	20f. (City or tow	tem 18.) //n) _, 1955/that I	ONSET A 20 A 3 e 5 RRT 1(o) 19 W PE YES (County)	(Stote)
	NAME (Type)	G.H. R1C			OR CORNARO		224 LOCATION "	The town on the town		C1-4-1
	Burial		/1959	Asbury			Port De	ity, tawn, ar caunty	R.F.D.	Md.
1	23 FUNERAL DIRECT	OR'S SIGNATURE	4: 8011	ADDRESS Perryvi	lle, md.		BY REGISTRAR	24b. REGISTRAR'S !		
- 4	Sec. 16. 1 10	CAN CHAI	1-100/			1	, .	1 24.	1 0/1/10/10/10	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by haspital ar attending physician.

YES TO FUNERAL DIRECTOX: After this certificate has been signed by the attending physician and campletely filled in by the form to FUNERAL DIRECTOX: After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please regions carbon papers. Pages 1 and 2 shault the registrar prior to burial, crematian, ar remayal, and in any event within 77 haurs after death.



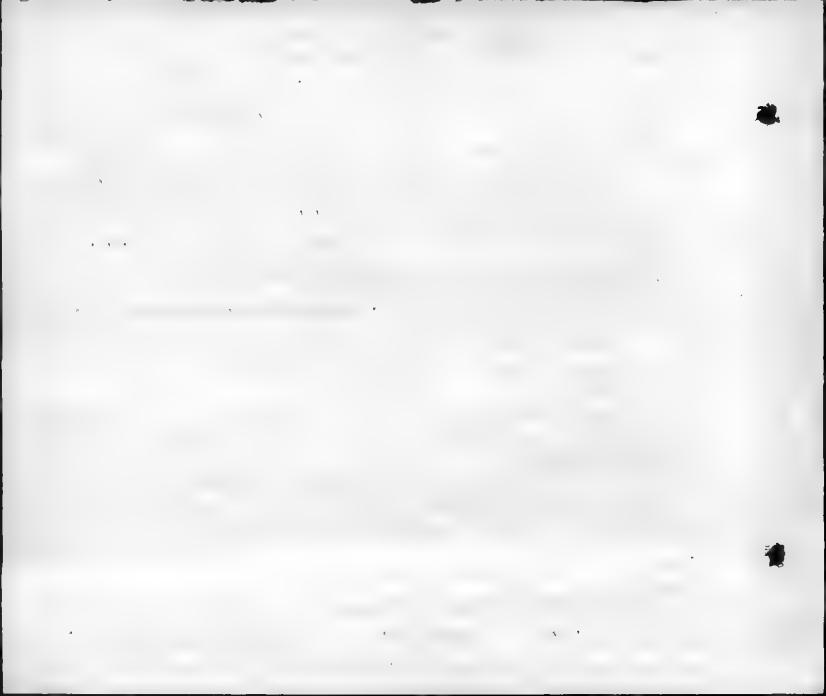
VS A15 (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

			MARY	LAND	STATE DEPARTM	MENT OF HEALT	H-BAL	TIMORE, 1	8				
			1	764	CERTIFIC	ATE OF DEAT	Н		Reg. Di	ist. No	01	781	
	1. F	COUNTY Ced	11		MARYLAND	2. USUAL RESIDENCE (V g. STATE Md.	Vhere decease	d lived. If institution b. COUNTY	n: Resider		re odmis	tion)	
	ŧ	CITY OR TOWN (IF RURAL and give no Elkton	outside corporate limi arest town)	ls, wrile	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF			RAL ond	give nec	prest fow	n)	
	· ·	OR UNSTITUTION TO THE	At (If not in hospital, g	ive street (oddress)	d STREET ADDRESS						FARM?	
		NAME OF DECEASED Type or print)	IVAR	st	* Middle	MEURLING	4. DATE OF DEATH	Ment Februar		12,	•	Year 1959	
	5. S	_{ex} Male	6. COLOR OR RACE	7. MARR	DIVORCED DIVORCED	B. DATE OF BIRTH January, 6, 18	380			Days	Hours	ER 24 HRS Min	
		USUAL OCCUPATIO during most of work	ing like, even it retired)	KIND OF BUSINESS OR INDU			country)		TIZEN C		COUNTRY	
	13. FATHER'S NAME Edgar Meurling Josephine Lindebled												
	15. (Yes	WAS DECEASED EVER		CES? 16.		INFORMANT s. Mildred Me		Addre		le.	Md.		
		PART I. DEAT	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	1	l re in 'a			A CANTILLO		LINT	ERVAL BI	ETWEEN DEATH	
		Conditions, If ony, which to Nephros Calerosis years											
	_	gove rise to immediate cause (a), staling the <u>under-tying cause last.</u> DUE TO (c)											
1	CERTIFICATION	ilrina	ery rel	n E	ontributing to DEATH BU	prostatic	hyp	er fropi	IN IN PAR	RT 1(o) 1	PERFC	AUTOPSY DRMED?	
			MEDICAL EXAMINER)		CRIBE HOW INJURY OCCURIN	ED. (Enter nature of injury in	Port Yof Po	rt II of ilem 1,8:)	/				
	MEDICAL	20c, TIME OF INJURY Hour a. st. p. m.	/ Month, Day, Ye	While	NJURY OCCURRED 20e. P Not white t of work	tACE OF INJURY (Home, for octory, street, office bidg., e	rm, 20f. (Cit	y or town)	(County)		(State)	
		21. I certify the	at 1 attended the	decease		-0 /97	126 / 2 M. fra	m the causes ar					
4		ACTUAL SIGNATURE	nllow	1	Thenshoe	M.D. Coci	ADDRESS (S	itreet, city or fawn, s				ATE SIGNED	
		PHYSICIAN'S 11/	PHACE	0	BENSHAIN	CECIT	TON	110					
	220	BURIAL CREMATION	Feb. 15, 19		Crumpton Cem		22d. LOCA	TION (City, town, or	r county)		(Stot		

ADDRESS

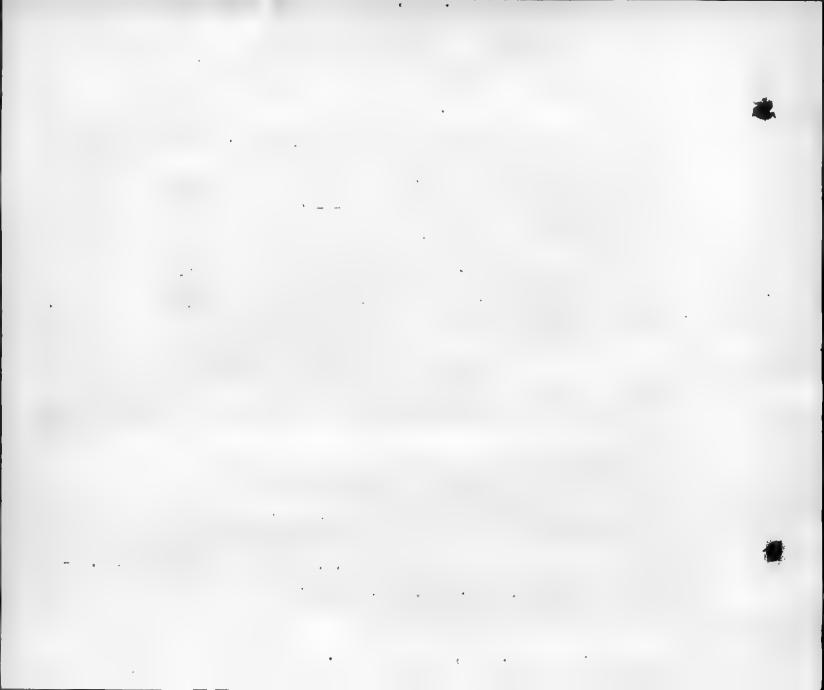
246 REGISTRAR'S SIGNATURE

240. REC'D BY REGISTRAR DATE EB 1 2 157



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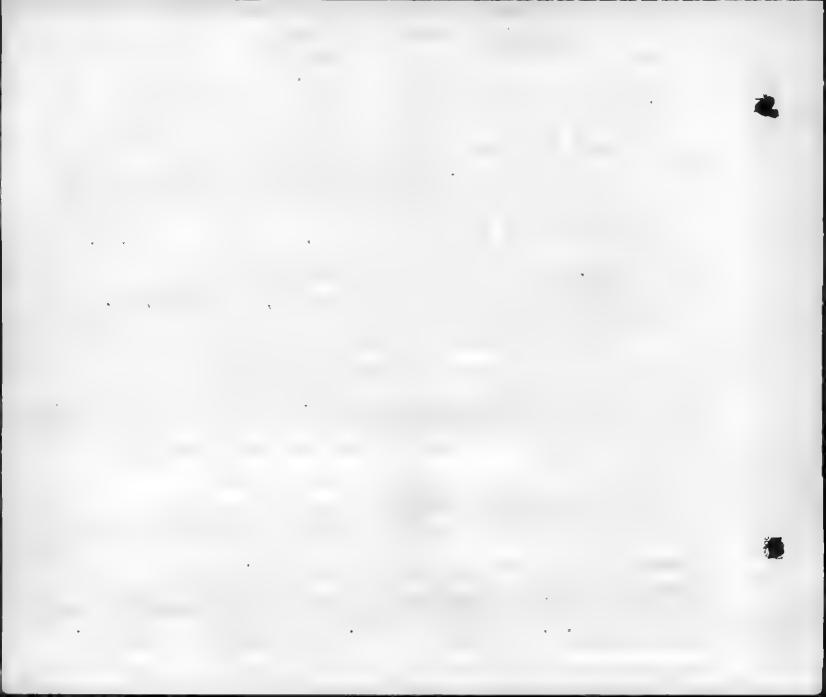
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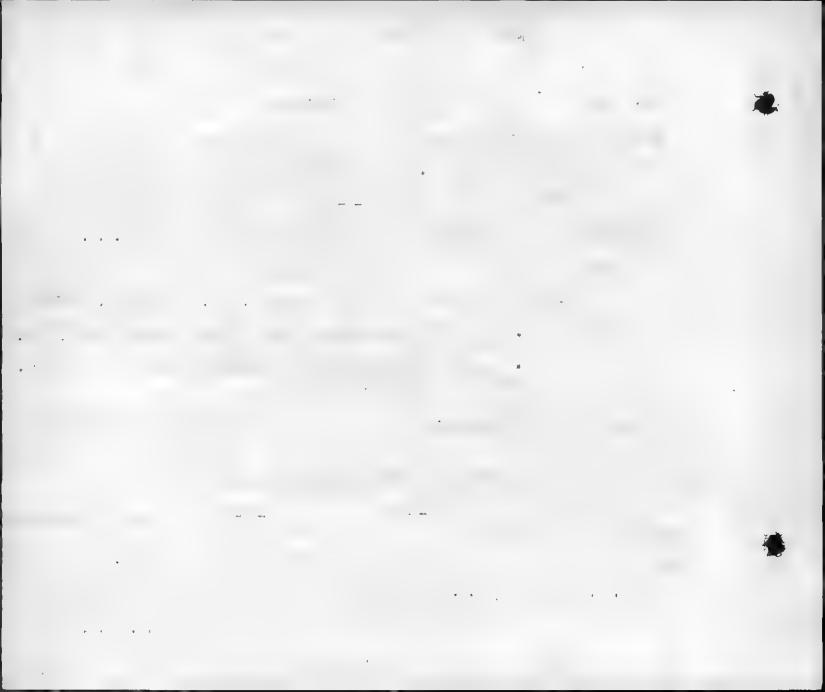
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



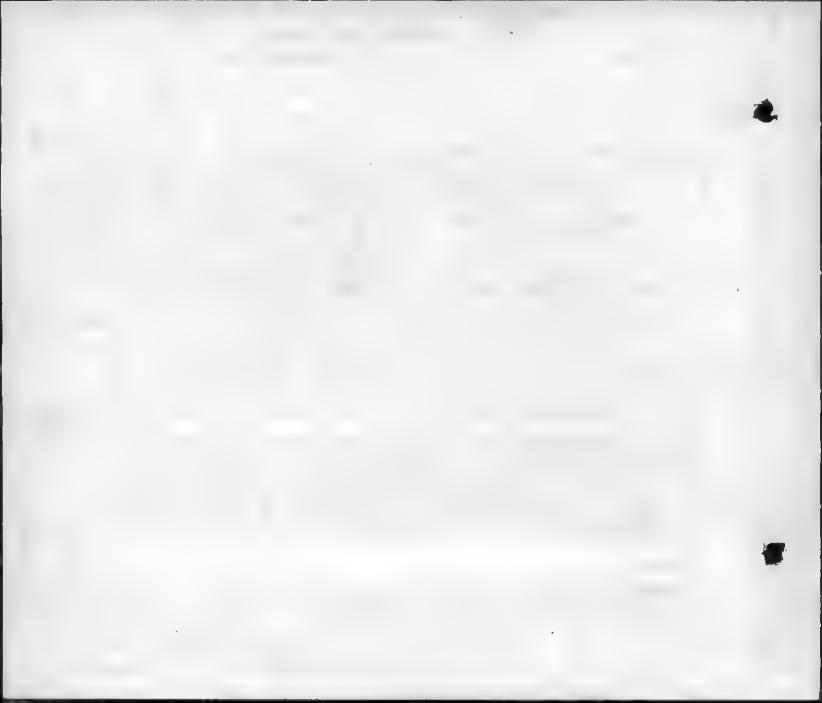


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within

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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CERTIFICATE OF DEATH

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		£ 6 C	70	CERTIFI	CAI	EOFD	EAIF	•		Reg. I	lst. No)	_
1.	PLACE OF DEATH o. COUNTY Cecil			MARYLAN	li li		ence (who		b. COUNTY	ion: Reside	nce befo	ore admiss	sian)
	b. CITY OR TOWN (If autide carpo RURAL and give aparest town)	rate limit	s, write	LENGTH OF STAY IN		K No	rth E		rate limits, write l	RURAL and	give ne	arest fawr	n)
	d. NAME OF HOSPITAL (If not in he OR INSTITUTION Unic		ve street (oddress)		d STREET AD	DDRESS						FARM?
3.	NAME OF DECEASED (Type or print) Fmma	Firs	t	Middle		Rutter		4. DATE OF DEATH	<u>™</u> 2		2		Year 19 59
5.	Female 6. COLOR OF	:e	7. MARR	DIVORCED	3 № 8	ay 23,	1876		9. AGE (In years last by thday) 82 yrs	Manths		Hours	Min
	USUAL OCCUPATION (Give kind of during most of warking life, even in Ulerk Ret. 15 y	f retired)	1	kind of Business of it tlas Powder	Со	Nort	h Eas	t, M	_ ''	12 C	US US		COUNTRY
13	FATHER'S NAME				1	4. MOTHER'S	MAIDEN N	AME					
	J.Alexander Rut	ter				Rebecc	a Wi	ngate					
1s {Ye	WAS DECEASED EVER IN U. S. ARM		ex.cot	SOCIAL SECURITY NO. 1	IT INFO		Re	eder	C2 339	*oss Jult	l. Pa	V gol	Gliely Bay 11
	18 CAUSE OF DEATH [Enter and	y ane cal	se per lin	e for (a), (b), and (c)]				(7			ERVAL BE	
	PART I. DEATH WAS CAUS IMMEDIATE C	ED BY:	Gast	ric Hemorrha	ige a	and Sho	ck.				ON	SEI AND	DEATH
	1 117 11 7	DUE TO											
	Canditions, if any, which)		Hem	orrhage from	rup	tured	Esoph	ageal	Varices				
	gave rise to immediate	(b). DUE TO											
	lying couse last	(0)	Car	dio Vascular	Dis	sease							
CERTIFICATION	PART II. OTHER SIGNIFICAL		-							VEN IN PA	RT 1(0)	19. WAS PERFO YES	DRMED?
	200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF (IF EITHER, NOTIFY MEDICAL EXAM	DEATH MINER)	20b DESC	CRIBE HOW INJURY OCCU	JRRED. (E	inter nature of	injury in P	'art I ar Par	t II of item 18)				
MEDICAL	20c. TIME OF INJURY Manth, D Haur a m, p, m.	ογ, Yea 19	r 20d Ih While at wari	Not while	PLACE factory	OF INJURY IH , street, affice	iome, farm, bldg , etc.	20f. (City	or town)		(County)	i	(State)
	21. I certify that I attende	ed the	decease	ed from Feb 1		. 19 59	. ta - F	'eb 4	19.5	9 that	last s	aw the	decease
	alive on Feb. 4. 195	A 14	19 /		ath ac				n the causes				
	ACTUAL SIGNATURE	1111	- (antund) 4.0	142			reet, city or town		Ru		ATE SIGNE
	PHYSICIAN'S	ur C	entwe	ell, M.D.	171.0	1	lorth	East.	Maryla	nd			
224	BUR AL, CREMAT ON, 226. DATE	THEREO	,	22c NAME OF CEMETER	Y OR CE			22d 1OCA	TION (City, town,	ar caunty		(Stat	(e)
1	BREMOVAL (Specify) 2/7/5	9		Methodis				Nor	th East,	Ceci	1. 0	0	Md.
23.	FUNERAL DIRECTOR'S SIGNATURE			ADDRESS	4		24a, REC'E	BY REGIST		ISTRAR'S S			
	Joseph IT of	aw	← ·	northCas	Ry	rd	DATE FE	EB 9	59	2 - #	9 45		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by the hospital or attending physician.

TO FUNERAL DIRECT.: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be another than the content of the permit. Then please can papers. Pages 1 and 2 should be should be accounted for use as the burial-transit permit. Then please can papers. Pages 1 and 2 should be successful the registrar prior to burial, crematian, ar remayal, and in any event within 72 hour, after death. VS A15 (4) 15M 9/SS

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VS A15 (4) 15M 9/55 01788

	176	27	CERT	FICAT	E OF DEA	ATH			Reg. Dist		
1. PLACE OF DEATH a. COUNTY	-41		MAR	rLAND 2	USUAL RESIDENCE OF STATE		re deceased	b. COUNT			nission)
b. CITY OR TOWN (If outside corporate lim	its, write	e, LENGTH OF STAY	IN 1b	c. CITY OR TOWN		Iside corpo	rote fimits, write			own)
RURAL and give n	norest lown)								and and gr	TO HOUSE	
d. NAME OF HOSPII	AL (If not in hospital, s	ive street	oddress)		Rural Che		eake	CILY		1 2t at	RESIDENCE
				4	G. STREET HODRE					10	A FARM?
Union Ho			441.00								
DECEASED (Type or print)	JOHN	31	Middle L.		SHELTON		4. DATE OF		n-th	Day	Year
5. SEX		7					DEATH	Febru			1959
			IEDE NEVER MARRI	- 1	DATE OF BIRTH	100	.	AGE (In years last birthday)	7	Days Hou	NDER 24 HRS.
Male	White	WIDOWE			pril 23,			81 yrs			
10a. USUAL OCCUPATION during most of war	DN (Give kind of work king life, even if retired	danel 10b.	KIND OF BUSINESS C	OR INDUSTR		(State a	r fareign co	ountry)			AT COUNTRY
Farmer			Farm		Md.				U	S.A.	
13. FATHER'S NAME					14. MOTHER'S MAIL						
William	Shelton				Sarah	L	Regis	star			
VAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give wor or dates of s		SOCIAL SECURITY NO). 17. INFO	RMANT			Ad	dress		
		2]	L7-22-3583	Mrs	. Elizabe	th :	Shelt	on, Ches	apeake	City,	Md.
	LTH [Enter only one co		ne far (a), (b), and (c)]						INTERVAL	BETWEEN
PART I. DEA	TH WAS CAUSED BY:	C	oronary Oc	clusio	on acute						ND DEATH
420.1	DUE TO								•		
Conditions, if a	ny, which)		Coronary a	rtery	disesae.					77.03	ars.
gave rise to i	mmediate (1						*		,,,,,	ara.
lying couse last.	the <u>under-</u>	1									
PART II. OTH	HER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO THE	TERMIN.	AL DISEASI	E CONDITION GI	VEN IN PART	1(a) 19. WA	S AUTOPSY
AT .			u nal herh						***************************************	PER	FORMED?
PART II. OTH			RIBE HOW INJURY O		Enter nature of inju	ry in Po	rt I or Port	It of item 18.1		1123	וויייי ד
OR CONTRIBUTING	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)			econnes. (enor nerore et inje	.,		n ar non io.,			
		ne land as	JURY OCCURRED	20a BLACE	OF BUILDY III.		005 50%				
20c. TIME OF INJUR		While	Not while	factor	OF INJURY (Home y, street, office bldg	J., etc.)	ZOT. [City	or town)	(Co	ounty)	(State)
	19		at wark								
21. I certify th	at I attended the	decease	d fram Feb	25	, 19 <u>.5</u> 2_, ta	Fe	D 27	19_59	Lithat I lo	ast saw th	e decease
alive an	eb ∠7	, 12;	2, and that	death a	corred at 10	:05	M. fran	n the couses	and an the	e date sto	ated above
/	. 11/1.	/ //	//			Al	DORESS (SI	reet, city or tawn	, slote)		DATE SIGNE
SIGNATURE A	ucar B	4/ U	askain	M.C	Cecilt	ion,	d .			2 1	ar 59
PHYSICIAN'S NAME (Type)	allace Cbe	shai	in,II.D.								
22a. BURIAL, CREMATIO	N, 226. DATE THEREC	F	22c. NAME OF CEM	ETERY OR C	REMATORY	2	2d. LOCAT	ION (City, town,	or county)	(S	(ate)
Burial (Specify)	March 2,	1959	Bethel C					peake Ci		Mo	
23. FUNERAL DIRECTOR			ADDRESS	P,			BY REGIST		ISTRAR'S SIGN	NATURE	
Edward.	Hellas	115.	Mell	MAL	11///	e MA			billian S.		



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death certificate assembly

1-55 10M~

A15C

DATE

been

has

certificate

should I

be retained

FUNERAL DIRECTOR:

bottom copy

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE. 18

CERTIFICATE OF DEATH

11789

Reg. Dist. No..... 2. USUAL RESIDENCE (HOME) OF DECEASED 1. PLACE OF DEATH Maryland Cecil COUNTY Cecil COUNTY MARYLAND (It outside corporate limits, write RURAL and give nearest town) (It outside corporete limits, write RURAL LENGTH OF STAY (in this place) end give neerest town) TOWN Port Deposit Md. Rural TOWN Port Deposit . Rural Life (If rutel give location) HOSPITAL OR INSTITUTION OR **ADDRESS** Rout 276 STREET ADDRESS (First) Middle 4. DATE (Month) (Day) (Last) (Year) 3. NAME OF DECEASED (Type or Print) William Simcoe Feb 19 59 SINGLE, MARRIED 8. DATE OF BIRTH 9. AGE lest birthday IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX COLOR OR WIDOWED, DIVORCED, Months Devs Hours Male (Specily)Single March 30,1883 75 11. BIRTHPLACE (Stelle or foreign country) 10b. KIND OF BUSINESS 12. CITIZEN OF WHAT 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR INDUSTRY COUNTRY? refired) Farmer U.S.A. Maryland Laborer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Mary Marshall Benjamen Simcoe 16. SOCIAL SECURITY NO. 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If Yes, give wer or detex of service) (Yes, no, or unk.) R.B. Marshall, Port Deposit, Ma 220-18-7236A No 18. MEDICAL CERTIFICATION ONSET AND DEATH I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH IMMEDIATE CAUSE DUE TO ANTECEDENT CAUSE(S) DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH 19e, DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES 🗀 NO [216. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, fectory, OF INJURY street, office bldg., etc.) 21c. WHERE DID INJURY OCCUR? (City or Jown) (County) (Steto) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 21f. HOW DID INJURY OCCUR? 21s. INJURY OCCURRED 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) While Not while et work et work 22. I hereby certify that I attended the deceased from..... 19...2.X., that I last saw the deceased In and that death occurred at 7.45 M, from the causes and on the date stated above. -alive on..... ADDRESS (Street, city, town, state) SIGNATURE 22222 M.D. 23. BURIAL, CREMATION, REMOVAL (SPECIFY) NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) Burial West Nattingham 24. REC'D BY REGISTRAS REGISTRAR'S SIGNATURE Carthur & Kroun



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MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE, 1	8
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1790 CERTIFICATE OF DEATH

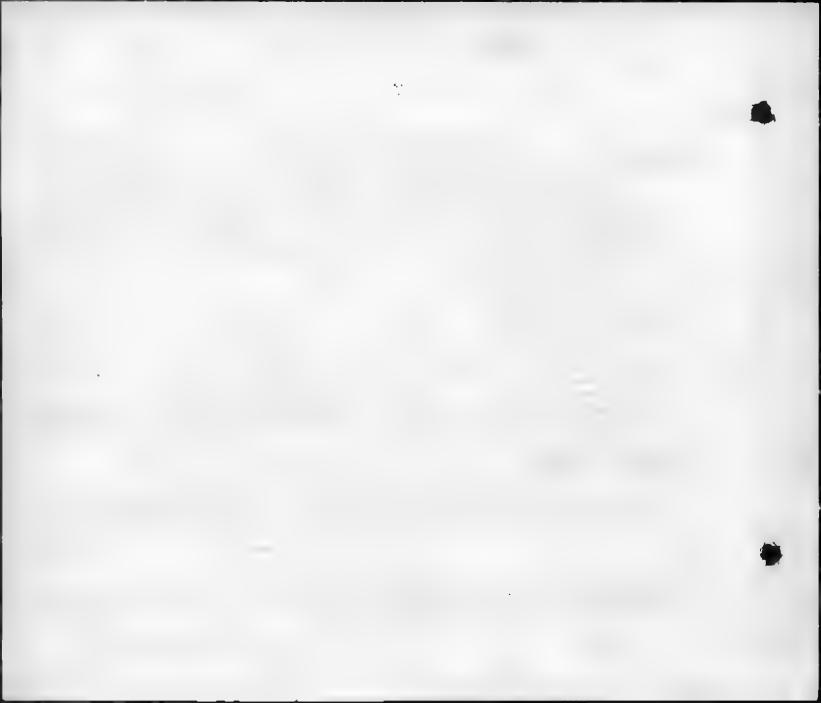
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3. NAME OF DECEASED First Middle Lost OF DEATH February 26 5 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH WIDOWED DIVORCED June 1872 9. AGE (In yeors IF UNDER) YEAR IF UNDER 1 YEAR IF UNDE	-
RURAL and give negrest town) RL sing Sun Rural Lifetime A. STREET ADDRESS A. STREET ADDRESS A. STREET ADDRESS A. STREET ADDRESS B. ISING Sun Rural A. DATE OF DEATH B. DATE OF BIRTH B. DATE OF BIRTH B. DATE OF BIRTH Consultation of the poors o	RESIDENCE
d. NAME OF HOSPITAL (If not in hospital, give street address) NAME OF HOSPITAL (If not in hospital, give street address) NAME OF OR INSTITUTION SIREET ADDRESS 4. DATE OF DEATH February 26 SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH February 26 SEX 6. COLOR OR RACE Vilite WIDOWED DIVORCED June 1872 P. AGE (In years FUNDER 1 YEAR FUNDER YEAR Y	□ NO □
Color or RACE Color or RAC	Year
female 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) House 1872 9. AGE (In years lost birthday) Months Doys House 1872 1	19 59
100 USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT ARE USA USA	IAT COUNTRY
13 FATHER'S NAME 14 MOTHER'S MAIDEN NAME	
Anderson McCall Hettie Lackland	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address	
no Robert Sommers Rising Jun, A ryland	ì
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) } PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE [o) Conditions if ony, which gove rise to immediate couse (o), stoling the under- lying couse lost. Column Col	BETWEEN ND DEATH
YES 200. ACCIDENT WAS UNDERLYING OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Port II of item 18.)	AS AUTOPSY RFORMED?
20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 While Not while of work of	(State)
21. I certify that I attended the deceased fram May 1958, 19, to Feb 29, 1959, that I last saw the alive on Feb 25, 1959, and that death accurred at 5.30.2M, fram the causes and an the date stop ADDRESS (Street, city or town, stote) ACTUAL ACTUAL ACTUAL ACTUAL AUTUAL AUTU	
PHYSICIAN'S R.C.Dodson	
REMOVAL (Specify)	Stote)
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE	



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

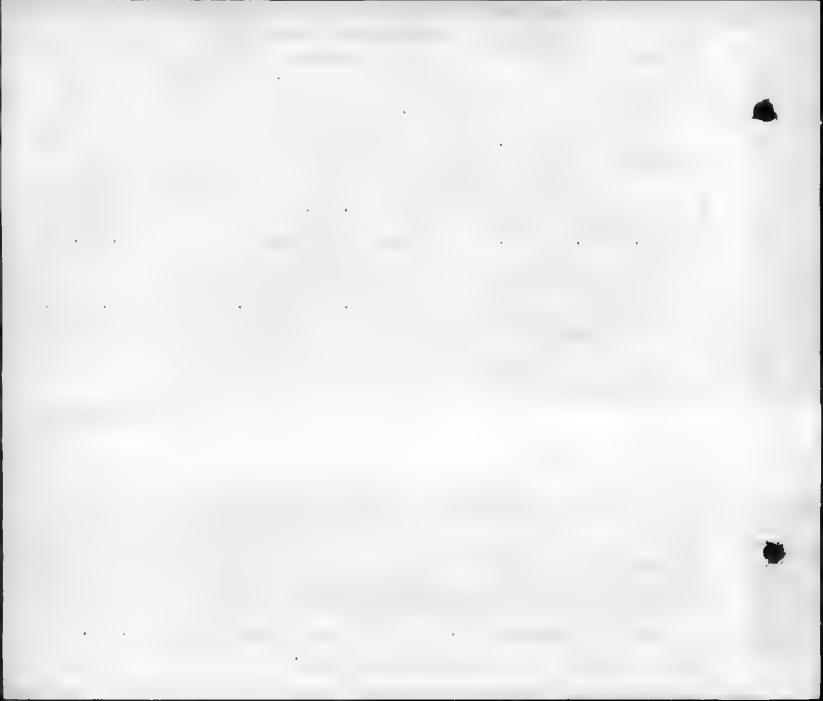
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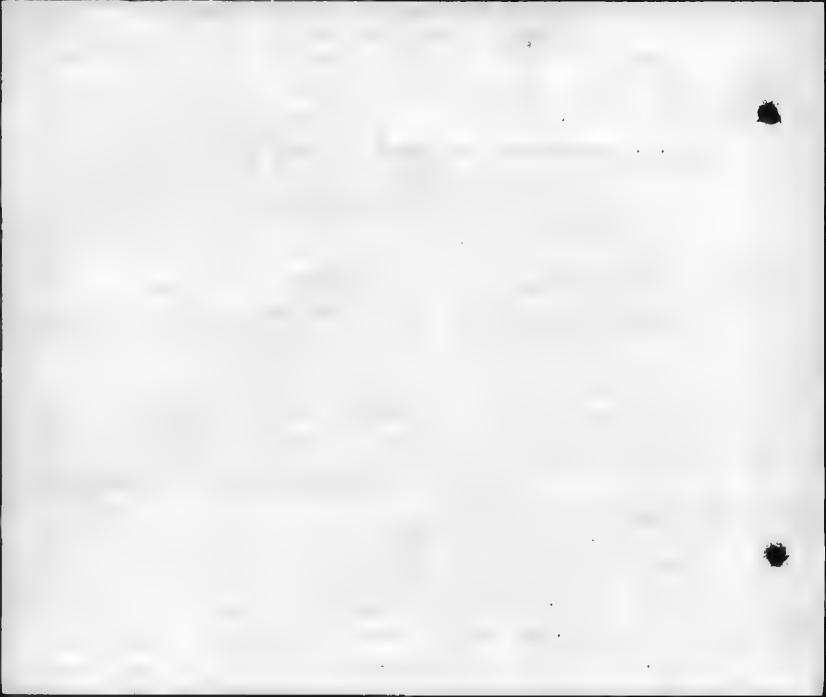
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L		140	9	<u> </u>			JI DEAT			Reg. D	Ist. No.		
١.	PLACE OF DEATH o. COUNTY	Cecil			MARYLAND	n ST	AL RESIDENCE (W		d lived. If institution by COUNTY	Ceci	nce befo	re admiss	ion)
	b. CITY OR TOWN (RURAL and give n	If outside corporate lin	nils, write	c. LENGTH C	OF STAY IN 18	c Cl	TY OR TOWN (IF	outside corpo	role limits, write R	URAL and	give nec	crest fowr)
	Elkt	on			Min.	X	Chesaj	peake	City,				
	d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital,	give street	oddress)		/d S	TREET ADDRESS					e. IS RES	IDENCE FARM?
		Union He	osp.				Lewis	Stre	et				NO 🔯
3	NAME OF DECEASED	F	irst		Middle		Lost	4. DATE OF	Mor		Da	,	Yeor
L	(Type or print)	JAMES	Į.	LBERT	ST	APP		DEATH	Februa:		20		159
5.	SEX	6. COLOR OR RACE	7. MARR	IED X NEVER	MARRIED _	8 DATE	OF BIRTH		9 AGE (In years lost birthday)	Manths	R I YEAR	IF UNDI	R 24 HRS Min.
-	Male	White	WIDOWE	- Land	OIVORCED	Oct.	30,189		65 m	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Doys	riours	Min.
10	during most of wor	ON (Give kind of work king life, even if retire	done 10b				BIRTHPLACE (SION	e ar foreign c	ountry)				COUNTRY
	Maint. S	upt.	ψ.	and D	. Can	al	Maryla	and			U.S	.A.	
13.	FATHER S NAME					14. MC	THER'S MAIDEN	NAME					
L		ward Sta						raste.					
15. JY:	WAS DECEASED EVE	ER IN U. S. ARMED FO (II yes, give war ar dates of		SOCIAL SECUI	RITY NO. 17	INFORMAL	VT		Add				
L	Yes	WW 1	16	<u> 59-20-</u>	1584	Mrs.	Lildre	ed K.	Stapp	Ch	es.	Cit	y, W
		ATH [Enter only one of	ouse per lin	ne for (o), (b).	and (c)]		26				INTI	ERVAL BE	TWEEN
	PART I. DEA	TH WAS CAUSED BY IMMEDIATE CAUSE (0) (1)	lite (orn	any c	Mumb	court			0		wv
	420.1	DUE T	0011			V	0 0					/	1
	Canditions, if o		b) Chi	mice "	7240	TAR	eletero				67	ug	-02 1
	gave rise to a		0										
_	lying couse lost		(c)		<i>y</i>								
CERTIFICATION	PART II. OT	HER SIGNIFICANT CO	NDITIONS C	ONTRIBUTING	TO DEATH B	UT NOT REL	NTED TO THE TERM	AINAL DISEAS	E CONDITION GIV	/EN IN PA	RT 1(0) 1	PERFO YES	AUTOPSY RMED? NO 12
CERTIFI	OR CONTRIBUTING	AS UNDERLYING [] G [] CAUSE OF DEATH MEDICAL EXAMINER)	15	CRIBE HOW IN	JURY OCCUR	RED (Enter i	sature of injury in	Port I or Par	t II of item 18)				
2	20c. TIME OF INJUR	RY Manth, Day, Y		NJURY OCCUR		PLACE OF II	JURY (Home, far	m. 20f. (City	or town}		County)		(Stole)
MEDIC	Hour e.m. ρ.m.	19	While of worl	Not while	°n	roctory, stree	et, office bldg., et	c-1					
	21. I certify the	rat I attended the	e deceas	2 /7			Trainment toward	1520					
	alive on	111 7 21	124	2-7-1 /an	d that dea	th occurr	ed at // 49		n the causes o		the do		
	ACTUAL SIGNATURE	Fleen	4	Elms		MD		ADDRESS (S	freet, city or lown,	stote)	2	/20/	STE SIGNED
	PHYSICIAN'S	ENRY U	DA	-v'is	140)	CI	45	PEALL	C,	ry	141).
22	BURIAL CREMATIC	ON, 226 DATE THERE	OF	22c. NAME C	OF CEMETERY	OR CREMAT	ORY	22d LOCA	TION (City, fown,	or county)		(Stot	0)
	REMOVAL (Specify)		959	St.	Roses	Ceme	terv	Ches	aneake	City	N	d.	
23	FUNERAL DIRECTOR	'S SIGNATURE	a	ADDRES:	Ş		24a _RES	D BY REGIST		STRAR'S SI		RE	
F	ippin Fu	uneral Ho	me Zor	ald the	Jue I	lktor	i, Night	8 2 4 55		47	Wind the	Å,	

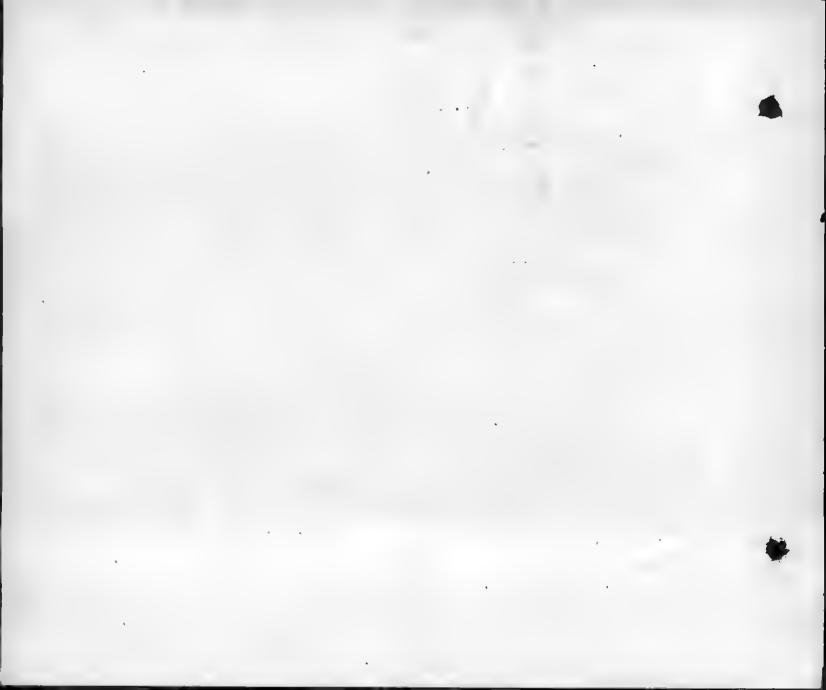
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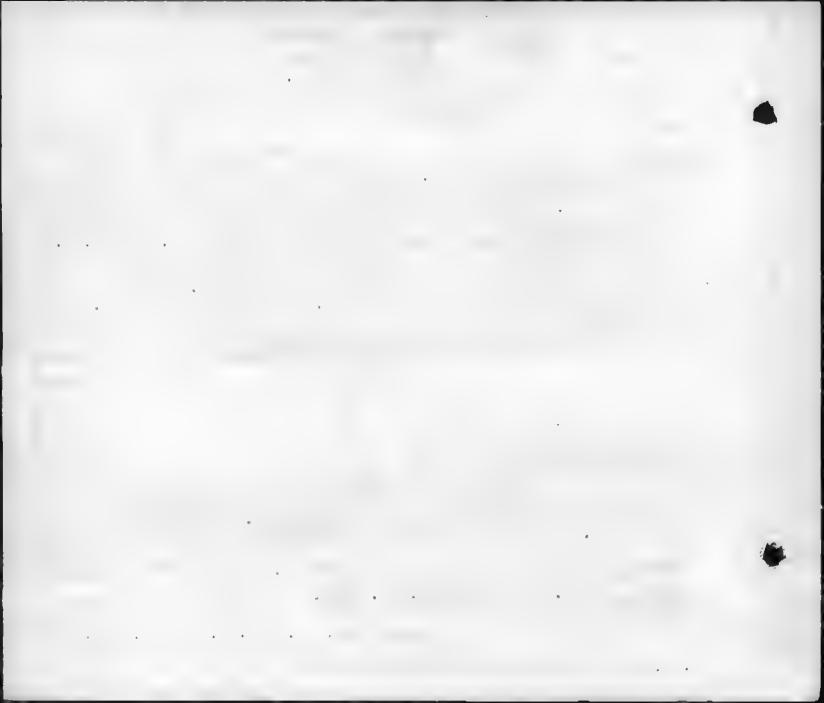




MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A1S (4) 15M 9/S5 M

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			HEALTH-BALTIMORE,	

CERT	IEIC A	TE	OF	DE	ATH
CERL	15 15.0				

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	1774	CERTIFICA	AIE OF DEAIR		Reg. Dist. No.				
1,	PLACE OF DEATH a. COUNTY	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE	b. COUNTY		sion)			
-	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	outside corporate limits, write Ri	URAL and give nearest tow	(n)			
	EULTON	2 DAYS	XELKI	ON B	URAL				
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION UNID IV	oddress)	d. STREET ADDRESS		, ON	SIDENCE A FARM?			
3.	NAME OF DECEASED (Type or print)	Middle E	White	4. DATE Mon OF DEATH	ть Day 9	Year 1954			
S.	Female Caucain WIDOW	RIED NEVER MARRIED ED DIVORCED	8. DATE OF BIRTH 3-31-19	9. AGE (In years lost birthdoy) 757 758	Months Days Hours	-			
10	a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Slote	or foreign country)	12. CITIZEN OF WHA	T COUNTRY?			
113	FATHER'S NAME	-	114. MOTHER'S MAIDEN N	YLAND					
1.	P	1.1 ==	TO		-				
115	WAS DECEASED EVER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO. 17.	INFORMANT	ANN OPE	NC 1=				
0	es no or unknown) (If yes, give wer or dates of service)	_	Richard E	White co	Blon R D 7	nd			
	18. CAUSE OF DEATH [Enler only one cause per li	ne for (a), (b), and (c).	111	n	INTERVAL B	ETWEEN D DEATH			
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (g)	JILALEVA	1 -OBAH	TWEUMON	11A 4d	A43			
П	DUE TO	16 - 1) .	TWC		1			
П	Conditions, if ony, which (b) (b)	1 poper 1	125%	1-10 FP 1. 110 K	369	9			
couse (o), storing the under lying couse lost. Compared to the storing the under lying couse lost. Compared to the lost of the lost o									
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT REJATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)									
CERTIF	20g. ACCIDENT WAS UNDERLYING 20b. DES OR CONTRIBUTING 2 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in t	fort I or Port II of item 18.}					
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. It Haur a. m. While p. m. 19 at wor	Not while fa	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	(County)	(State)			
	21. I certify that Lattended the deceas	ed from of hob	, 1959, to 9	"Feb , 1957	that I last saw the	deceased			
	alive on 9 + 2 b , 19	and that death		M, from the causes a					
	ACTUAL CROSS CO	1) Knews	9	ADDRESS (Street, city or town,	stote) D	ATE SIGNED			
	SIGNATURE TRANSCO	H-TIL	M.D	Leve fill	CL-				
L	PHYSICIAN'S 6 25 -9	5 /1 Kr	eis, Jr.						
27	o. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, o	or county) (Sto	ite)			
-	13 urial 2-12-1954	Methodu	X.	north Ca	st- Cecil m				
23	FUNERAL DIRECTOR'S SIGNATURE LOSEDER R GROWN North	East and		D 4 A ISS	STRAR'S SIGNATORE				
-	Costar 1 thank 1000	COM.	DATE FE	B 1 3 '59 a	Thin & H				

Married St.

VS A1S (4) 15M 9/5B 0

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

1793 CERTIFICATE OF DEATH

na Dist No 11797

2000				Keg. Dist. No.
1. PLACE OF DEATH o. COUNTY Cecil	MARYLAND	2. USUAL RESIDENCE (Who o. STATEMATYLA)	ere deceased lived. If institu b. COUNT	tian: Residence before admission) Y Cecil
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Port Deposit	c. LENGTH OF STAY IN 16	1	utside carporate limits, write	RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION 127 N. Main		d. STREET ADDRESS	N. Main St	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Walter	Wesley	Williams	4. DATE OF Feb.	Day Year 1959
5. SEX 6. COLOR OR RACE 7. MARRI WIDOWEI	ED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH NOV. 17, 187	9. AGE (In years last birthday) 82 yrs	Manths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired) HIPE FIGNUET U	S V. Hospi		ar fareign country)	12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME John W. Williams		14. MOTHER'S MAIDEN N	Norris	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO. 116-09-6226.	INFORMANT	Ad	rt Deposit,Md.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) Conditions, if any, which gave rise to immediate couse (a), stating the under- lying cause last. DUE TO (c)	recepió la recepió la recepió la	francor Franco Salerca	Lefertener	in 7 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CO				IVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
206. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	ED. (Enter nature of injury in I	Part I or Port II at item IB.)	
20c. TIME OF INJURY Month, Day, Year 20d. IN Haur a. m. While at work	Not while fo	LACE OF INJURY (Hame, farm actory, street, affice bldg., etc.		(County) (State)
21. I certify that I attended the decease alive an 195 - 12 - 195 ACTUAL SIGNATURE WARRING PARTIES		- 7	M, fram the causes a ADDRESS (Street, city or fown	That I last saw the deceased in an the date stated above. DATE SIGNED 14-5
1777	enson M.D.			Tond,
220. BURIAL (Pecify) 2-15-1959	Hopewell	DR CREMATORY	Port Depos	it, Md. Rural
23. FUNERAL DIRECTORS SIGNATURE	Perryville	Ma	4 - 100	GISTRAR'S SIGNATURE